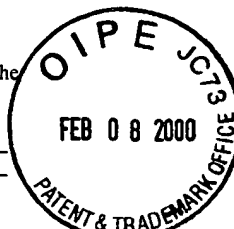


I hereby certify that this correspondence is deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on 2-1-00
 By: Kathleen K. Muto
 Printed: Kathleen K. Muto



GAU 1657

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Coleman et al.

Title: A NOVEL HUMAN JAK2 KINASE

FEB 15 2000

Serial No.: 09/467,100

Filing Date: December 10, 1999 TECH CENTER 1600/2900

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

Assistant Commissioner for Patents
 Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Preliminary Amendment (4 pp., in duplicate).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate Fee	Additional Fee(s)
Total Claims	19	-	20	=		\$18	\$0
Indep. Claims	4	-	3	=	1	\$78	\$78
___ First Presentation of Multiple Dependent Claim						+\$260	\$0

TOTAL \$ 78.00

___ No additional fee is required.
 ___ Fee for Request for Extension of Time (___ months) \$ ___
X Please charge Incyte Pharmaceuticals, Inc. Deposit
 Account No. 09-0108 the amount of \$ 78.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Incyte Pharmaceuticals, Inc. Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
 INCYTE PHARMACEUTICALS, INC.

Date: February 1, 2000

Susan K. Sather
 Susan K. Sather
 Reg. No. 44,316
 Direct Dial Telephone: (650) 845-4646

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 Phone: (650) 855-0555 Fax: (650) 849-8886